

Damaged Document(s)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>157</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>227</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>			
2. Full name of child <u>Earla Eileen Perkins</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
7. Date of birth <u>3-16-24</u>		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Earl Henry Perkins</u>		Full maiden name <u>Lennie Estelle</u>	
9. Residence (Usual place of abode) <u>Globe, Arizona</u>		15. Residence (Usual place of abode) <u>Globe, Arizona</u>	
10. Color or race <u>White</u>		16. Color or race <u>White</u>	
11. Age at last birthday <u>23</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) <u>Arkansas</u>		18. Birthplace (city or place) <u>Texas</u>	
13. Occupation <u>Miner</u>		19. Occupation <u>Housewife</u>	
20. Number of children of this mother (a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
<p>I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>6:00 A.M.</u> on the date above stated.</p> <p>Signature <u>C. W. Adams</u> (Physician or midwife) Address <u>Globe, Arizona</u></p> <p>Given name added from a supplemental report _____ Month, day, year. _____</p> <p>Registrar. _____</p> <p>Filed <u>3-20-24</u> _____ Local Registrar. Filed <u>4-6-24</u> _____ County Registrar.</p>			

572-316-325